

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 36

-62-019909

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291

FILED MAY 25 1962

Registrar's No. 47

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10860

28150

3

4 0

5 1

6

7 9

8 2

9 861X

10 39

11 086

12 91-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural - Union Twp.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Unionville, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Meade

c. CITY

OR TOWN

Meade

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Nye Route

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Tommie

Jefferson

Cox

4. DATE OF DEATH

Month

Day

Year

May

22

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

10/23/13

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

Hours

Min.

6

29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Compressor Station Supt.

10b. KIND OF BUSINESS OR INDUSTRY

Transportation Natural Gas

11. BIRTHPLACE (City and state or country)

U.S.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

William M Cox

13b. MOTHER'S MAIDEN NAME

Emma Gregory

14. NAME OF HUSBAND OR WIFE

Louise M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

J. M. Anderson, Jackson, Tenn.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

from plane crash

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF INJURY

Hour

Month, Day, Year

9:45

p.m.

5/22/62

20d. INJURY OCCURRED WHILE AT WORK ☒NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

on farm

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Union Twp. Putnam County

21. I attended the deceased from _____ to _____ and last saw him alive on _____

Death occurred at 9:45 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/24/62

22d. BURIAL, CREMATION, REMOVAL (Specify)

Removal

22e. DATE

5-24-62

22f. NAME OF CEMETERY OR CREMATORY

Maple Grove

22g. LOCATION (City, town, or county)

Wichita, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hugh J. Johnson

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

VS MAY 25 1962

VS MAY 29 1962

MAR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hugh A. Johnson
Licensed Embalmer No. 3487

P. O. Address Castroville, Ca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.